SUMMARY FORM

COLLECTIVE BARGAINING AGREEMENT PUBLIC SECTOR / NON-POLICE & NON-FIRE

| Section I: Agreement Deta | | | | | | AND ALL | |
|--|---|-------------------------------------|---------------------------|---|---------------------------|---------------|---------|
| Public Employer: | City of Absecon | | | | County: Atlantic | | |
| Employee Organization | GWU - Telecommunicators | | | | Employees in Unit: 5 | | |
| Base Year Contract Term: | 1/1/2009 | 12/31/2011 | New Contract Term1/1/2012 | | 12/31/2014 | | |
| Type of Settlement: | ☐ Mediated Settlement ☐ Fact-Finder Recommend | | | endation | lation | | |
| | | Column A Base Year - Total Costs | | Column B New Base Year - Total Costs (First Year of Successor agreement) | | | |
| | | | (Last Year of F | Previous agreement) | (First Year of Success | or agreement) | |
| Section II: Economic | | | 24.40.047 | | 4454.400 | | |
| Item 1 Salary Item 2 Increment | | \$149,647 \$4,489 | | \$154,136 \$8,333 \$800 | | | |
| | | | | | | | ngevity |
| Item 4 | | _ | | | | | |
| Item 5 | | _ | | | | | |
| ltem 6 | | | | | | | |
| Item 7 | | _ | | | | | |
| ltem 8 | | _ | | | | | |
| Item 9 | | _ | | | | | |
| Item 10 | | | | | | | |
| Item 11 | | _ | | | | | |
| Item 12 | | _ | | | | | |
| Any additional items list on separate sh | neel | Additional items | | | | | |
| Section III: Totals - Sum of costs in each column | | | \$154 936 | | \$163,690 | | |
| | | | \$154,936 | | | | |
| | | | (| Total) | (Total) | | |
| | | | | | | | |
| Section IV: Analysis of new succes | sor agreement | | NEW AGRE | EMENT ANALYSIS | | | |
| Total Base Year(previous agreement) | \$154,936 | | | | | | |
| Effective Date (m/dhear) | | | | | | | |
| Effective Date (m/d/yyyy) | | 1/1/2012 | 1/1/2013 | 1/1/2014 | | | |
| Percent Increase | | 8333 | 3334 | 8333 | | | |
| Total cost of increase | | \$8,333 | \$3,334 | \$8,333 | | | |
| Total base salary (successor agreement | 11) | \$154,936 | \$160,710 | \$169,043 | | | |
| Section V: Impact of Settlem | nent - average annual i | increase over term of agr | eement | | | | |
| Percentage Impact (average per year o | wer term of agreement) | 3.00 | | | | | |
| Dollar Impact (average per year over te | rm of agreement) | \$20,000.00 | | | | | |
| Section VI | | | | | | | |
| | | | | | | | |
| Health Insurance (Indicate costs associ | iated on each line) | Base Year | Year 1 | | | | |
| Cost of Health Plan | •••• | \$61,738 | \$66,059 | | | | |
| Employee Contributions | | \$3,234 | \$4,042 | | | | |
| Prescription | • | | | | | | |
| Dental | | \$8,275 | \$8,606 | | | | |
| Vision | | \$295 | \$295 | | | | |
| - | | | | | | | |
| The undersigned certifies the | hat the foregoing figur | res are true and is awar | e that if any of the | loregoing items are false, | s/ne is subject to punisn | <u>nent.</u> | |
| Section VII | | | | | Administrative (C | NFO. | |
| Prepared by: | Jessica Th | | | Title: | Administrator/C | FU | |
| | Print Name | | | | 10/0/0055 | | |
| | Jessica Thompson | | | Date: | 10/2/2015 | | |
| | | Signature | | | | | |